

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 23 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

Maxim Healthcare Services	Inc.		
	rtnership, firm or corporation)		· - · · · · · · · · · · · · · · · · · · ·
7227 Lee Deforest Drive	Columbia	MD	21046
Business Address: (Street)	(Town/City)		(Zip Code)
(410) 910-1467	()	e-mail corosier@m	axhealth.com
(Telephone)	(F	ax)	
reportable expense transact	ions which are not attributab	ports for each client, OR you may le to any one client). to the reporting date relative to the	
(Full)	Name of Client as it appears on the	Lobbyist Registration Form)	
3 All reportable transactions inrelated to any particular cli		lobbyist's family), or the lobbying	firm listed below which
7. Date of Report April 24, 2019 🔯 ports cover: activity from date of registration to 3/31/19		July 31, 2019 🗍 activity from 4/1/19 to 6/30/19	
	ber 30, 2019 [] from 7/1/19 to 9/30/19	January 29, 2020 🗌 activity from 10/1/19 to 12/31/1	9
		ble transactions made since the other Secretary of State's Office, State	
VI. Check if additional repo	rts are attached:		
· · · · · · · · · · · · · · · · · · ·		st file Addendum A- Fees and Ex	penses
If you have paid an hono Expense Reimbursement	rarium or reimbursed expenses,	you must file Addendum B-Rep	ort of Honorariums or
☐ If you, your firm, or your	family has made political conti	ributions, you must file Addendur	n C- Political Contrib
Sworn Statement/Affirmati I have read RSA 15, RSA 15 and complete to the bist of m	B, RSA 14-C and RSA 664 and	d hereby swear or affirm that the fo	oregoing information i

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Name of Lobbyist(s) Collan Rosier	·
II. Name of lobbyist's partnership, firm or corporation, if any:	
Maxim Healthcare Services, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client Maxim Healthcare Services, Inc.	Date 4/22/19
IV. Fees Received	·
Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ _100
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date	
(Add lines a and b)	c) \$ _100
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for examination where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobb (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value greatestaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be repo	a client and if expenditures are made by may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business less than \$10 that is given to the person ied with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of a liter than \$25, but not greater than \$50 is, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 100
 b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	′b) \$ _0
a). Total of all itamized avagaditures reported in detail in continu VI	0.20

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _100
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ _100
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	s
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
Colle B. Place	4/22/19
(Signature of lobbyist)	(Date)
Collan Rosier (Print Name of lobbyist)	